

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2244  
1030

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

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| 1. PLACE OF DEATH<br>A. COUNTY Maricopa  |  | B. LENGTH OF STAY<br>IN THIS TOWN IN ARIZONA<br>18 yrs. 18 yrs.                                    |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED.<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION)<br>A. STATE Arizona B. COUNTY     |  |
| C. CITY OR TOWN Phoenix  |  | <input type="checkbox"/> IN CITY LIMITS<br><input checked="" type="checkbox"/> OUTSIDE CITY LIMITS |  | C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |  |
| D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)<br>MARICOPA COUNTY GENERAL HOSPITAL |  |  |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)<br>517 1/2 North 10th Ave.   |  |

|  |  |  |                   |  |                                  |                                      |  |
|--|--|--|-------------------|--|----------------------------------|--------------------------------------|--|
| 3. NAME OF DECEASED (TYPE OR PRINT) HIRAN                          |  |  | C. (LAST) PLUMLEY |  | 4. SEX Male                      | 5. COLOR OR RACE White               | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married                      |
| 6B. NAME OF SPOUSE Myrtle  |  | 7. DATE OF BIRTH MONTH DAY YEAR Sept. 1 1875 |                   | 8. AGE (IN YEARS LAST BIRTHDAY) 78   | IF UNDER 1 YEAR MONTHS DAYS 7 28 | IF UNDER 24 HRS. HOURS MIN. 28       | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Painter |
| 9B. KIND OF BUSINESS OR INDUSTRY House Painter                     | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ill. | 11. CITIZEN OF WHAT COUNTRY? U. S. A.        |                   | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ? |                                  | 13. SOCIAL SECURITY NO. ?            |  |
| 14A. FATHER'S NAME ? Plumley                                       |  | 14B. BIRTHPLACE (STATE OR COUNTRY) ?         |                   | 15A. MOTHER'S MAIDEN NAME ?  |                                  | 15B. BIRTHPLACE (STATE OR COUNTRY) ? |  |
| 16. INFORMANT'S SIGNATURE ADDRESS Mrs. Ervin Bullard, P.O. Box 274 |  |  |                   | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 29 1954   |                                  |                                      |  |

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|--|--|--|--|---|--|
| 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 533X   |  | 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Thrombosis of right posterior inferior cerebellar artery   |  | INTERVAL BETWEEN ONSET AND DEATH 4 days |  |
| THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. |  | 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Generalized arteriosclerosis |  | years                                   |  |
|  |  | 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia                  |  |   |  |

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| 19A. DATE OF OPERATION                            |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)          |  | 21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)               |  | 21C. (CITY OR TOWN) (COUNTY) (STATE)   |  |
| 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |

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| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 27, 1954, to April 29, 1954. THAT I LAST SAW THE DECEASED ALIVE ON April 29, 1954, AND THAT DEATH OCCURRED AT 11:15 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |   |  |
| 23A. SIGNATURE (DEGREE OR TITLE) Richard P. Flynn  |  | 23B. ADDRESS Maricopa Co. Hospital, Phoenix |  |
| 23C. DATE SIGNED 5-1-54  |  |   |  |

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|---|--|---|--|---|--|--|--|
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> |  | 24B. DATE May 6, 1954                       |  | 24C. NAME OF CEMETERY OR CREMATORY Double Butte   |  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tempe, Arizona |  |
| 25A. DATE REC'D BY LOCAL REG. 5/5/54  |  | 25B. REGISTRAR'S SIGNATURE Bullock-Johnston |  | 26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27. EMBLEME SIGNATURE Phoenix, Ariz. CERT. NO. 196 |  | Merryman-Dwans Funeral Home                                  |  |